

Connecticut Health Insurance Exchange



WEEKLY UPDATE

March 30 2012

Advisory Committee Kick-Off Meeting

On Tuesday, March 20, the Exchange kicked off the Advisory Committees (AC). It was well attended with over 40 committee members present. Topics reviewed during the meeting included an overview of Exchange functions, key developments and upcoming milestones, as well as the priority tasks required for State Certification and how the committee tasks will be cross-walked to one another.

Exchange staff will work with committee co-chairs to arrange meetings, post materials, provide background information on Exchange activities, legislation, operations, and keep members informed of deadlines.

All Kick-Off meeting materials, as well as all forthcoming AC meeting materials, are accessible on our webpage.

Progress on Many Fronts:

Accounting Work Starts: JH. Cohn is now in our offices helping to set up accounting and payroll systems. The Exchange brought on an accountant to support the development of accounting policies and procedures.

New Offices: Several new work spaces assembled to accommodate staff anticipated for April. **Recruitment:** Interviews for all leadership positions continue—summary update provided to Personnel Search Committee. **RFI:** We are pleased with the number of bids received. We will provide an update at the next Board meeting.

Work Plan: Finalizing a comprehensive work plan and presentation for the Pre-Planning Federal Review on April 4th. To be reviewed during the 4/19 Board meeting.

Consumer Experience and Outreach

Date: Tuesday, April 10, 2012

Time: 9:00 a.m. to 11:00 a.m.

Health Plan Benefits and Qualifications

Date: Wednesday, April 11, 2012

Time: 9:00 a.m. to 11:00 a.m.

Brokers, Agents and Navigators

Date: Tuesday, April 10, 2012

Time: 12:30 p.m. to 2:30 p.m.

Small Business Health Options Program

Date: Wednesday, April 11, 2012

Time: 2:00 to 4:00 p.m.

KMPG Update

KMPG continued to research and develop business process flows for consumer assistance and IT requirements. KMPG held several meetings with state agencies to assess current consumer assistance capabilities.

These discussions included a full review of existing programs and performance metrics such as populations served, systems used, scalability, # of calls handled, FTEs, etc.

KMPG is in the process of scheduling additional meetings with other state agencies to complete their assessment.

Education Focus: The Role of Navigators

Continuing our efforts to provide summaries of important topics identified in the ACA, this week's focus is on Navigators. Navigators will play a major role in helping consumers learn about and choose health coverage. Please see the following pages for information on the Role of Navigators.

Upcoming Meetings

- ◆ Pre-Planning Federal Review April 4th with Formal Planning TBD
- ◆ Next Board Meeting is scheduled for April 19
- ◆ Advisory Committee Meetings scheduled for April 10 and 11
- ◆ Level Two Implementation Grant Submission due June 30, 2012



Supreme Court Update

Kaiser Family Foundation: Public Opinion on Health Care Reform

Health Affairs: William Sage On The Last Day Of Supreme Court Arguments: Enough Frivolity For A While

New York Times: In Health Case, Appeals to a Justice's Idea of Liberty

The Times Leader: After arguments, high court faces health care law options

Washington Post: On health-care hearing's last day, Supreme Court weighs Medicaid expansion

THE ROLE OF NAVIGATORS

March 30 2012

Navigators will play a major role in helping consumers learn about and choose health coverage. In fact, states running exchanges are required to include navigator programs, which are part of the ACA's "no wrong door" approach to eligibility and enrollment. States have been facing a number of important questions related to these vital navigator programs: what role will agents and brokers play? How will navigators be compensated? What types of training will navigators need?

The final exchange rule lays out clearer expectations for navigator programs. The rule clarifies the requirements for these programs, and sets out the differences between the roles of brokers and navigators.

The Role of the Navigator

Under PPACA, state exchanges will be required to award grants to navigators who will perform the following roles:

- Conduct public education activities to raise awareness of the availability of qualified health plans;
- Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions in accordance with federal tax laws;
- Facilitate enrollment in qualified health plans;
- Provide referrals to any applicable office of health insurance consumer assistant or health insurance ombudsman, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate.

Navigators will likely be comprised of representatives of trade associations, business associations, and other community-based organizations; they also may be brokers. The Secretary of Health and Human Services (HHS) is charged with establishing standards for navigators.

Who can serve as a navigator?

Exchanges cannot require all navigators to be licensed brokers. A broker license is not required to perform navigator duties and exchanges must have at least two entities serve as navigators. The final rule requires one of these two entities serving as navigators to be a community or consumer-focused nonprofit.

Conflict of interest provisions

Exchanges must develop a set of conflict-of-interest standards for navigators. The final rule allows exchanges to set the standards, and recommends they include financial considerations, employment and activities, and disclosures, among other issues.

The ACA prohibits navigators from receiving compensation of any kind from health insurance issuers for enrolling individuals in health insurance plans. The final rule expands this prohibition to include both qualified health plans (QHPs) and plans sold outside the exchange.

Navigator duties and training

The ACA and proposed rule stated that navigators will "facilitate enrollment" in QHPs, which generated a lot of confusion about what that meant. This final rule clarifies that navigators will facilitate the choice of a QHP, and the exchange will conduct the eligibility determination and send the necessary information to the QHP to enroll the individual into the plan.

Exchanges must develop a training program for all individuals that perform navigator functions, including both paid and unpaid staff members of organizations that serve as navigators. The training must ensure navigators are competent in the needs of underserved and vulnerable populations, eligibility and enrollment procedures, and the range of public programs and QHP options available through the exchange. Additionally, navigators must be trained in the proper handling of tax data and other personal information.

Brokers and agents:

The exchange has flexibility to determine the role of agents and brokers in the exchange. Furthermore, brokers and agents are allowed to help individuals enroll in QHPs through the exchange and help them apply for premium tax credits.

Brokers must use the exchange's single, streamlined application. In order to assist individuals in applying for premium tax credits, brokers must register with the exchange, receive training, and comply with privacy and security standards.

These final rules indicate that additional guidance is forthcoming on navigator training, including standards on linguistic and cultural competency. For now, HHS is accepting comments on interim final portions of this rule, including the ability of brokers to assist individuals in applying for premium tax credits.